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				Peter K.		_	(Depositor's name)
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				March 29,	2010		(Date)
APPLICATION NO.	FILING DATE	,	FIRST NAMED INVENTO	R	ATTORNE	Y DOCKET NO.	CONFIRMATION NO.
09/692,697 TITLE OF INVENTION AGENCIES.	10/19/2000 I: SYSTEM FOR TRAN	SFERING AN INBONC	William John Delinsky COMMUNICATION TO	O ONE OF A PLUR		FRIN-P1-00 CREDIT-COUNS	8755 SELING
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TO	OTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0		\$1510	03/29/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS	s			
HAMILTON, LALITA M		3691	705-035000	_			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively.  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Peter K. Trzyna  Chicago, Illinois  Please check the appropriate assignee category or categories (will not be printed on the patent):  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
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Authorized Signature	1.11-	tes Patent and Trademark	Office.	Date Mar	ch 29,	2010	
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